



901 Clinic Dr, Suite A-109, Euless, TX 76039
817-399-0505

MEMBERSHIP APPLICATION AND REGISTRATION FOR SOCIAL ACTIVITIES

Annual dues are \$25.00. The membership year is from January 1 through December 31.

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Business	Date:
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MEMBER INFORMATION		
**To assist us, please complete this section regarding the family member with special needs.		
Name		
Nickname	Date of Birth	
Street Address		
City	State	Zip
Member Home Phone		
Member Cell Phone		
Member Email		

PARENT OR GUARDIAN INFORMATION (IF APPLICABLE)		
	PARENT OR GUARDIAN	PARENT OR GUARDIAN
Name		
Address if Different		
Home Phone		
Cell Phone		
Work Phone		
Email		

OTHER FAMILY MEMBERS REGISTERING	
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

Your signature indicates your desire to become a paid member and to have the names on this form added to the membership roster of North Texas SNAP, Inc. Names will be listed in the North Texas SNAP, Inc. phone directory distributed to each member.

Signature of Participant	Date
Signature of Parent/Guardian	Date

SOCIAL/RECREATION ACTIVITIES

Check all the activities in which you would like to participate:

<input type="checkbox"/> Bowling	<input type="checkbox"/> Movies	<input type="checkbox"/> Other Ideas?
<input type="checkbox"/> Dances	<input type="checkbox"/> Supper Club	

EMERGENCY TREATMENT RELEASE: I authorize the person in charge to seek and obtain on my behalf emergency medical treatment. I also authorize transportation to the nearest medical facility in the event it should become necessary.

Signature of Participant	Date
Signature of Parent/Guardian	Date

I hereby give my permission for the use of photographs or videos of myself and my family members to be used for the purposes of promoting or representing North Texas SNAP, Inc. I do, however understand that an effort will be made to contact me at the number given above prior to its use.

Signature of Participant	Date
Signature of Parent/Guardian	Date

TRANSPORTATION

I hereby give my permission to North Texas SNAP, Inc. to share my contact information with other members of North Texas SNAP, Inc. for the purpose of carpooling or seeking other means of transportation for North Texas SNAP, Inc. members.

Signature of Participant	Date
Signature of Parent/Guardian	Date

Please mail your application to:

North Texas SNAP, Inc.
P. O. Box 3294
Grapevine, TX 76099

PARENT OR GUARDIAN	
I can help with:	
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Special events
<input type="checkbox"/>	Social activities
<input type="checkbox"/>	Publicity
<input type="checkbox"/>	I cannot help at this time

Visit our website:
www.ntxsnap.org

FOR OFFICE USE ONLY		
Date Paid	Amount	Check No./Cash